



PTO/SB/22 (10-00)

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) 1685								
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2" style="padding: 5px;">In re Application of <b>Michael Thorsen</b></td></tr><tr><td style="padding: 5px;">Application Number <b>09/316,938</b></td><td style="padding: 5px;">Filed <b>05/21/1999</b></td></tr><tr><td colspan="2" style="padding: 5px;">For <b>Healthcare Payment, Reporting and Data Processing System and Method</b></td></tr><tr><td style="padding: 5px;">Group Art Unit <b>2175</b></td><td style="padding: 5px;">Examiner <b>Samuel G. Rimell</b></td></tr></table>			In re Application of <b>Michael Thorsen</b>		Application Number <b>09/316,938</b>	Filed <b>05/21/1999</b>	For <b>Healthcare Payment, Reporting and Data Processing System and Method</b>		Group Art Unit <b>2175</b>	Examiner <b>Samuel G. Rimell</b>
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<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <div style="display: flex; justify-content: space-between;"><div style="width: 60%;"><p><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</p><p><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</p><p><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</p><p><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</p><p><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</p><p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ <u>475.00</u></p><p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p><p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p><p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p><p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>500-246</u>.</p><p>I have enclosed a duplicate copy of this sheet.</p><p>I am the <input type="checkbox"/> applicant/inventor</p><p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p><p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent of record.</p><p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>34,437</u></p></div><div style="width: 35%; text-align: center;"><div style="border: 2px solid black; padding: 10px; margin: 0 auto; width: 80%;">RECEIVED</div><p style="margin: 5px 0;">MAY 17 2004</p><p style="margin: 5px 0;">Technology Center 2100</p><div style="margin-top: 20px;"><p>\$ _____</p><p>\$ _____</p><p>\$ <u>950.00</u></p><p>\$ _____</p><p>\$ _____</p></div></div></div>										

5/10/04

Date

Signature

Stephanie J. James

Typed or printed name

☐ Total of \_\_\_\_\_ forms are submitted.

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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